

MONTANA BOARD OF CHIROPRACTORS
CHERYL SMITH, BOARD ADMINISTRATOR
P O BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2393 FAX (406) 841-2305
E-MAIL dlibsdchi@mt.gov
WEBSITE: <http://mt.gov/dli/chi>

LICENSURE REQUIREMENTS FOR CHIROPRACTORS

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.

A. LICENSURE REQUIREMENTS FOR CHIROPRACTOR BY EXAM:

- 1) **AII FEES ARE NON-REFUNDABLE**
- 2) \$125 application fee must accompany the application. Please make checks payable to the Montana Board of Chiropractors - Personal checks, money orders or cashiers checks are acceptable. Please do not send cash.
- 3) Must submit a passport type photo of self.
- 4) Applicants who have matriculated chiropractic college on or after October 1, 1995 will be required to have a bachelor's degree prior to licensing. Applicants who matriculated chiropractic college prior to October 1, 1995 are required to have a minimum of 60 semesters hours or 90-quarter hours of pre-chiropractic college credits from an accredited college or university.
- 5) Must submit a certified copy of examination results sent directly from the National Board of Chiropractic Examiners (NBCE) of Parts I, II, Physiotherapy, III and Part IV. The Montana Board will accept the passing score as set by the NBCE.
- 6) Graduation from a chiropractic college that has been accredited by the CCE during applicant's entire course of study.
- 7) A photocopy of your chiropractic college diploma is acceptable.
- 8) Certified transcripts from the appropriate educational institutions, including the applicant's CCE-accredited chiropractic college. Transcripts must be sent directly from the Institution to the Board.
- 9) Must take and pass the Montana Jurisprudence Exam with a minimum score of 75%. This is an open book examination covering the statutes and regulations. The Examination downloads with the application.
- 10) \$75 Original license fee (paid upon approval of complete application and passage of the Jurisprudence Exam.)
- 11) Please allow 10-14 days, from date of a completed file, for licensure.

B. LICENSURE REQUIREMENTS FOR CHIROPRACTORS LICENSING FROM ANOTHER STATE

- 1) Shall provide the following in addition to all of the requirements as set out in Section "A" above except number 5.
- 2) Must submit a certified copy of examination results sent directly from the NBCE of the parts of the NBCE that have been completed. If none have been completed please enclose a note explaining why.
- 3) Shall provide proof of equal credentials to Montana's licensing requirements, from the current licensing state, as determined by the Board. In instances where the applicant cannot demonstrate equal credentials, the applicant may obtain a license upon successful passage of the SPEC Examination administered by the NBCE.
- 4) Must submit certified copy of license verification from all states in which the applicant has held or holds a license.

C. TEMPORARY PERMIT

- 1) A person who has never been licensed in another state must submit a completed chiropractic application and submit all required materials to the Board as stated in Section "A" above except for the final licensing examination, which is the National Board of Chiropractic Examiners Part IV Exam.
 - 2) Submit a \$25 temporary permit fee in addition to the \$125 application fee and the temporary permit application form.
 - 3) A person who is currently licensed in another state must submit a completed chiropractic application as stated in Section "A" as well as meeting all of the requirements as stated in Section "B".
 - 4) Must take and pass the Montana Jurisprudence Exam with a minimum score of 75%. This is an open book examination covering the statutes and regulations. The Examination downloads with the application.
 - 5) Must work under the on-premises supervision of a chiropractor licensed in the state of Montana.
 - 6) Must submit a notarized statement consenting to conditions of a temporary permit holder that has been signed by both the supervising licensed chiropractor and the applicant.
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**AFFIX PHOTO
HERE**

**PASSPORT
SIZE**

Application for Licensure as a Chiropractor by:

- ☐ **Examination \$125.00** ☐ **Temporary Permit \$25.00**
☐ **License from Another State \$125.00**

Please allow 10-14 days, from date of a completed application file, for licensure.

1. FULL NAME: _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME _____
4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip
5. HOME ADDRESS _____
Street or PO Box # City and State Zip
6. PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____
7. TELEPHONE (_____) (_____) (_____)
Business Home Fax
8. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
9. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE
10. LICENSE NAME _____
(State your name, as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

11. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
12. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No
13. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

14. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current		Type of License
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

15. EDUCATION:

a. University or College Education.

Name & Address of Institution _____

Dates attended _____ Degree Earned & Date _____

Name & Address of Institution _____

Dates attended _____ Degree Earned & Date _____

Name & Address of Institution _____

Dates attended _____ Degree Earned & Date _____

b. Chiropractic Education.

Name & Address of Institution _____

Dates attended _____ Degree Earned & Date _____

Name & Address of Institution _____

Dates attended _____ Degree Earned & Date _____

c. Has a Specialty Board ever certified you?

☐ Yes ☐ No

Specialty _____ Date Awarded, Recertified _____

Name & Address of certifying agency _____

d. Have you ever been denied specialty certification or failed to pass a specialty certification examination or portion thereof? ☐ Yes ☐ No

By whom? _____

Reason for denial? _____ Number of times failed _____

16. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☐ No

17. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.

☐ Yes ☐ No

18. Have you ever voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanctions or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
19. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No
20. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary board, court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes please attach a detailed explanation. ☐ Yes ☐ No
23. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
24. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

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CONSENT TO CONDITIONS FOR TEMPORARY PERMIT

1. Temporary permit holder and licensed supervising chiropractor must abide by 37-1-305, MCA, and ARM 24.126.507.
2. Temporary permit holder must practice under the ON PREMISE SUPERVISION OF A LICENSED CHIROPRACTOR.
3. Temporary permit holder cannot sign insurance claims, Worker's Compensation claims, Medicare/Medicaid claims, or birth or death certificates, as only licensed practitioners have this right.
4. Temporary permit does not allow holder to operate a separate office as an individual or practice as an individual.
5. Any advertisement where the temporary permit holder is named or pictured must designate him/her as a pre-graduate or post-graduate intern. This designation must appear with the name of the supervising licensed chiropractor

THE FOLLOWING SIGNATURES MUST BE NOTARIZED:

We the undersigned agree to the above as conditions for issuance of a temporary permit.

APPLICANT _____ PHONE #: _____

Print name

MAILING ADDRESS _____

APPLICANT SIGNATURE: _____ DATE _____

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__ by

NOTARY PUBLIC

My Commission expires: _____

LICENSED CHIROPRACTOR: _____ PHONE # _____

Print name

Lic #

MAILING ADDRESS _____

PRECEPTOR SIGNATURE _____ DATE _____

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20__ by

NOTARY PUBLIC

My Commission expires: _____

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS CHIROPRACTIC. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice chiropractic in the State of Montana. The Chiropractic Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF CHIROPRACTORS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF CHIROPRACTORS.

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Reciprocity/Endorsement/State Exam _____

License is current? ☐ Yes ☐ No If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? ☐ Yes ☐ No

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? ☐ Yes ☐ No

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

Signed: _____

Title: _____

BOARD SEAL

State Board: _____ Date: _____

MONTANA BOARD OF CHIROPRACTORS
P O BOX 200513
HELENA MT 59620-0513

PLEASE PRINT

NAME _____ DATE: _____
(LAST) (FIRST) (INITIAL)

MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION

This is an open book exam. A passing score of 75% is required for licensure.

Section I contains 20 true/false questions.

Section 2 and Section 3 contain 10 questions each that describe actions that are in violation of the Montana Chiropractic Code Annotated (Statutes) and Administrative Rules of Montana (Rules). Any of these violations can lead to SUSPENSION, RESTRICTION or REVOCATION of the chiropractor's license. Write the complete section number of the most applicable statute or rule in the blank next to the violation, including the sub-sections.

By submitting this form I verify that I am the person that has completed this examination.

Address: _____
(Street) (City) (ST) (Zip)

Daytime Phone (_____) _____ Evening Phone (_____) _____

e-mail address _____

PLEASE PLACE MY LICENSE ON: ACTIVE _____ INACTIVE _____

SECTION I -- Each question is worth 2 points

Mark each question with T(True) or F(False)

- _____ (1) An applicant for licensure must submit a completed application. A complete application does not require exam scores from the National Board of Chiropractic.
- _____ (2) Licensees can sign birth and death certificates.
- _____ (3) A temporary permit is granted to all applicants upon application.
- _____ (4) Complaints filed against a licensee for violation of a statute or rule must be filed with Montana Chiropractic Association.
- _____ (5) Licenses must be renewed annually by date of birth:
- _____ (6) The Montana Chiropractic Association appoints the members to serve on the Board of Chiropractors.
- _____ (7) The Board requires 15 hours of continuing education annually to qualify for license renewal.
- _____ (8) Six continuing education credits can be accumulated and carried over from one renewal year to the next.
- _____ (9) To qualify as an impairment evaluator, the licensed chiropractor must have been in active practice in Montana for five years.
- _____ (10) Applicants for licensure must be a graduate of a chiropractic college approved by the Board.
- _____ (11) Chiropractors may diagnose, palpate and treat the human body by the application of manipulative, manual, mechanical, dietetic methods, including chiropractic physiotherapy, the use of supportive appliances, diagnostic x-ray, minor surgery, and analytical instruments.
- _____ (12) A licensed chiropractor that wants to become a preceptor to a student intern must have practiced for a minimum of 5 years.
- _____ (13) Chiropractic in Montana does not include surgery, the prescription or use of drugs, or needle acupuncture.
- _____ (14) An intern can see patients even though the preceptor has left the office for the day.
- _____ (15) A lapsed license that is not renewed within one year of the most recent renewal date automatically terminates.
- _____ (16) Upon being served a malpractice suit, a Montana licensee may have their case submitted before the Montana Chiropractic Legal Panel.
- _____ (17) Having a physical or mental disability that renders the licensee unable to practice chiropractic with reasonable skill and safety is considered unprofessional conduct and could lead to license revocation.

SECTION I - CONTINUED

- _____ (18) A chaperone must be present at all times a patient is examined and treated intra-vaginally.
- _____ (19) A license must be renewed annually. All applicants for renewal who have not paid the renewal fee on or before the renewal date shall pay an additional late fee.
- _____ (20) An impairment rating must be based on the current edition of the Guides to the Evaluation of Permanent Impairment published by the American Medical Association.

EXAMINATION CONTINUES ON NEXT PAGE

SECTION 2 - Each question is worth 3 points

Section 2 contains 10 questions each that describe actions that are in violation of the Montana Chiropractic Code Annotated (Statutes). Any of these violations can lead to SUSPENSION, RESTRICTION or REVOCATION of the chiropractor's license. Write the complete section number of the most applicable statute in the blank under the violation, including the sub-sections.

MONTANA CODE ANNOTATED
(STATUTES)

1. Licensee has another person complete this examination.

2. Licensee fails to report the finding of hepatitis, TB, or AIDS.

3. Licensee allows an unlicensed person to treat and bill under his/her name and license.

4. Licensee misrepresents facts on application when securing a license.

5. Licensee places an advertisement implying he/she is a medical physician.

6. Licensee becomes addicted to drugs or alcohol.

7. Licensee advertises permanent cures for incurable diseases.

8. Licensee is convicted of a felony.

9. Licensee reveals confidential information about a patient without patient's consent.

10. Licensee's license from another state was suspended or revoked.

EXAMINATION CONTINUES ON NEXT PAGE

SECTION 3 -- Each questions is worth 3 points

Section 3 contains 10 questions that describe actions that are in violation of the Administrative Rules of Montana (Rules). Any of these violations can lead to SUSPENSION, RESTRICTION or REVOCATION of the chiropractor's license. Write the complete section number of the most applicable rule in the blank under the violation, including the sub-sections.

ADMINISTRATIVE RULES OF MONTANA

1. Licensee recommends treatments in excess of what is warranted by patient's condition.

2. Licensee advertises in such a manner that implies certification or specialty in a particular area, when the specialty or certification has not been approved by the board.

3. Licensee fails to obtain 12 hours of continuing education prior to license renewal.

4. Licensee, under false pretenses, defames another chiropractor.

5. Licensee refers patient to another health care practitioner or facility and accepts a referral fee.

6. Temporary permit holder treats patients without on premise supervision.

7. Licensee performs inappropriate breast examination.

8. Licensee fails or refuses to make records available to the Board upon request.

9. Licensee allows student intern to sign insurance claims.

10. Licensee charges insurance companies a higher fee than patients who do not have insurance.

END OF EXAMINATION

Please return, by CERTIFIED MAIL, to:
MONTANA BOARD OF CHIROPRACTORS
P O BOX 200513, HELENA MONTANA 59620-0513